

Case Report: A 17 year old primi with a 36 week POA was admitted with dribbling on the same day. She was managed conservatively for three days. On the third day she developed a mild fever and a lower abdominal pain and went into spontaneous labour to deliver a severely asphyxiated baby girl of 2.5 kg. who died 7 hrs 30 mts after delivery. The parents were preoccupied with the gender of their unborn child preparing blue clothing anticipating a baby boy. The labour-room staff has clad the child with pink clothing for genuine reasons creating a grave suspicion in the bereaved mother of malicious exchange of her healthy boy for a sick girl. The medico-legal investigation concluded the cause of death as birth asphyxia (peripartum hypoxia) with intra-cerebral haemorrhages.

Discussion: Simple measures of effective communication such as showing the gender of the newborn to the mother at the time of delivery would certainly have prevented issues regarding wrongful identity. Birth asphyxia has numerous causes most of which cannot be established at a routine autopsy. Whether there was an element of chorio-amnionitis is a clinical decision beyond the purview of JMO. Serious consideration should be given to the fact whether the outcome could have been better if the baby had been delivered early through Caesarian section in the context of marginal prematurity, teenage pregnancy and possibility of uterine infection.

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Acrometastasis as the initial presentation of Hepatocellular Carcinoma (HCC)

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Introduction: Acrometastasis occur infrequently, accounting for approximately 0.1% of all metastatic osseous involvement. Its presentation mimics infectious or inflammatory disease. Primary presentation of HCC as bone metastasis is rare. When present, they are mostly vertebral, rib or skull deposits. Primary manifestation of HCC as acrometastasis is extremely rare.

Case Report: A 59 year old alcoholic male was admitted with sudden onset profuse bleeding from an ulcer involving middle and proximal phalanx of left middle finger. This was a chronic wound following a road traffic accident. Patient underwent amputation of this finger for the clinical diagnosis of chronic osteomyelitis. Macroscopy of amputated finger showed a continuous lesion from skin to bone with evidence of bone destruction. Microscopy together with immunohistochemistry (HepPa 1 antibody) confirmed a deposit of a HCC with skin and bone infiltration. Follow up radiological investigations revealed two foci of hepatocellular carcinoma with background cirrhosis.

Discussion: HCC show a haematogenous spread usually via pulmonary circulation and vertebral circulation. Hence the mechanism of spread into bones other than the bones of the axial skeleton, bypassing the lung is not explained. Amputation, radiation, excision, and systemic therapy are the available treatment options. Radiotherapy is an effective and non-invasive treatment that improves patient's quality of life. When patients present with lytic lesions of the bone considering a deposit of a HCC despite the site will be helpful to complete the preoperative work up with a USS of abdomen. The presence of acrometastasis in patients with cancer helps staging the disease and usually indicates a very poor prognosis.

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First patient with *Scopulariopsis brevicaulis* onychomycosis in Sri Lanka

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Introduction: *Scopulariopsis brevicaulis* represents 1~10% of the non-dermatophyt onychomycoses.

We report the first patient with onychomycosis due to *Scopulariopsis brevicaulis* in Sri Lanka.

Case Report: A 35 year old patient was referred by a Dermatology Clinic to Department of Mycology at MRI with a typical distal and lateral subungual onychomycosis. He is a non-diabetic patient with no other identifiable precipitating factors. Nail scrapings were collected for fungal studies. Direct microscopic examination with potassium hydroxide revealed brown coloured septate fungal filaments. The sample was cultured on Sabouraud dextrose agar supplemented with chloramphenicol +/- cyclohexamide and incubated at specific temperatures for 2 weeks. On day 10, culture was positive for a mould. The isolate was initially white, expanding with a powdery